



**COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HUMAN RESOURCE MANAGEMENT**

Benefits Administrator Memo #18-02

To: Benefits Administrators
From: State and Local Health Benefits Programs
CC: All OHB
Date: April 12, 2018
Re: 2018 Open Enrollment Communications and Materials

Open Enrollment Will Be May 1-15, 2018

Open Enrollment for health benefits and flexible spending accounts (FSAs) will be between **May 1 and May 15** this year. Since EmployeeDirect will be offline during Open Enrollment, the shortened window for making elections will provide additional time for Benefits Administrators to key elections. This will ensure that employee health coverage and changes take effect on time on July 1, 2018.

Employees need to submit a **paper enrollment form** to their Benefits Administrator **no later than the close of business on May 15, 2018**.

Instructions for Employees

- **Find an Enrollment Form**
 - The fillable form is on the DHRM website at www.dhrm.virginia.gov/healthcoverage/open-enrollment. Complete it, print it, sign it and submit to your Benefits Administrator.
 - No computer access? Request a printed enrollment form from your Benefits Administrator.
- **Complete an *Enrollment Form for Employees***
 - **Sections 1, 2 and 5 must always be completed.**
 - **Enroll in an FSA:** Enter the “per pay” election amount in the appropriate box in Section 3 of the form.

- **Make changes to Health Care Coverage:** The health care coverage information included in Section 4 of the form is addressed in distinct sections.
 - Part A – addresses the health plan selection and now includes an option for “No change to my current health care plan”
 - Part B – addresses the covered health plan family members and now includes an option for “No change to my existing family members”

If the employee wants to waive health care coverage or does not want to change their current health care election, they would simply mark the block that applies: “I do not wish to participate” or the “No Change” block in Section 4. They would not have to provide any additional information in Part A and Part B of Section 4.

Employees enrolling or making changes to their health care coverage should make the appropriate selection in Part A and Part B.

Please encourage employees to use the fillable form. A limited supply of enrollment forms will be available to Benefits Administrators to order using the Commonwealth of Virginia Materials Order Form. **Be sure to provide your contact information to employees so that they are clear where to submit their enrollment form.**

Employee Communications

- The [Spotlight newsletter](#) will be mailed to employees at their home addresses the week of April 23, 2018. It is now posted on the DHRM website. We also will send *Spotlight* electronically to all employees with emails in BES during April. See the link to Spotlight below for this year’s Open Enrollment information.
- Also included in this year’s mailing will be:
 - A “Your Health Plan Options” brochure with information on COVA Care, COVA HealthAware, COVA HDHP and Kaiser Permanente HMO health plan options;
 - A Summary of Benefits and Coverage (SBC) for the employee’s current plan;
 - A Language Assistance Notice;
 - A sheet with special health benefits notices, including a revised Wellness Notice, Women’s Health and Cancer Rights, HIPAA Special Enrollment, and a notice for employees not currently enrolled in a state health plan about the employee’s option to review on the website or request paper copies of the State’s SBCs; and
 - The Children’s Health Insurance Program Reauthorization Act of 2009 (CHIP) annual notice required by the Department of Labor.
- An **Open Enrollment link** is posted on the [DHRM website](#).
- An **Open Enrollment PowerPoint** will be available on the Open Enrollment web page the week of April 23 for agency use at employee meetings.
- Every employee enrolled in **COVA Care or COVA HDHP** should receive a **2018 Member Handbook amendment**. The amendments will be posted on the DHRM website before July 1. The **2016 COVA HealthAware Member Handbook** is also online. The **Kaiser Permanente Evidence of Coverage** will be mailed to enrolled employee home addresses in September.
- **FSA Sourcebooks** will be available for orders. No supplies will be sent this year in advance. You may also download materials from the Anthem website at www.anthem.com/cova. The FSA Worksheet may be downloaded from the 2018 Open Enrollment page on the DHRM website.

Ordering and Accessing Materials

New materials will be available for order beginning the week of April 23 from each vendor as shown below. The materials order forms are at www.dhrm.virginia.gov/benefitsadministration/baforms.

2018 Commonwealth of Virginia Materials Order Form (Anthem and Delta Dental)

- A limited number of **extra Spotlights** – write in “Spotlight” and the quantity
- **COVA Care and COVA HDHP brochures**
- **2016 COVA Care Member Handbook and 2017 COVA Care Handbook Amendment**
- **2017 COVA HDHP Member Handbook**
- **2018 Flexible Spending Account (FSA) Sourcebook**
- **Other brochures, forms and flyers**
- **Delta Dental materials** - call the telephone number included on the form

2018 Aetna Materials Order Form (COVA HealthAware)

- **COVA HealthAware brochure**
- **2016 COVA HealthAware Member Handbook and 2017 COVA HealthAware Amendment**
- **Other brochures** and flyers

2018 ActiveHealth Materials Order Form

- **Brochures, flyers and posters**
 - MyActiveHealth portal
 - *Healthy Beginnings, Healthy Insights and Healthy Lifestyles* programs
 - Incentive programs

Call Kaiser directly at 703-287-4645 or email Maureen.m.breheny@kp.org to order materials.

Vendor employee materials may be accessed electronically on the DHRM website with links to individual administrators: www.anthem.com/cova, <http://www.covahealthaware.com> and <http://my.kp.org/commonwealthofvirginia>.

Links To:

- [Spotlight](#)
- [Your Health Plan Options brochure](#)
- [Enrollment Form for Employees](#)
- [Flexible Spending Account Sourcebook](#)
- [FSA Worksheets](#)
- [Commonwealth of Virginia Materials Order Forms](#)
- [Important Health Benefits Notices](#)
- [Language Assistance Notice](#)
- [CHIP Annual Notice](#)
- [Summary of Benefits and Coverage](#)